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ABSTRACT

Although suicide is the second leading cause of death among adolescents in the United States, little is known about the prevalence or characteristics of suicide attempts among adolescents. Data from 1,710 adolescents attending 9 high schools in 5 communities were examined to determine the prevalence of suicide attempts and the lethality and intent of these attempts. Each adolescent was interviewed with a form of the Schedule for Affective Disorders and Schizophrenia for School-Age Children which combined the Epidemiologic version (K-SADS-E) and the Present Episode version (K-SADS-P). Approximately 6.8% of the adolescents had attempted suicide in their lifetime. A significantly greater proportion of girls (9.8%) as compared to boys (3.5%) had attempted suicide. For both males and females, there was a significantly higher rate of attempts among adolescents with a diagnosis of major depression, substance use disorder, or disruptive behavior disorder than among adolescents without such diagnoses. Of these attempts, 14% were rated as potentially lethal and 43% were considered intentional. An examination of the relationship between lifetime attempts and lifetime psychiatric disorders revealed that a large proportion of adolescents who attempted suicide had a history of a psychiatric disorder. The results also indicated that being female and being from a home with no male head of household were risk factors for a suicide attempt. (NB)

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The Prevalence, Lethality and Intent of Suicide Attempts among Adolescents

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Abstract

Data from 1710 adolescents in the community were examined to determine the prevalence of suicide attempts and the lethality and intent of these attempts. Each adolescent was interviewed with a form of the Schedule for Affective Disorders and Schizophrenia for School-Age Children which combined the Epidemiologic version (K-SADS-E) and the Present Episode version (K-SADS-P). Approximately 6.8% of the adolescents had attempted suicide in their lifetime. Of these attempts, 14% were rated as potentially lethal and 43% were considered intentional. An examination of the relationship between lifetime attempts and lifetime psychiatric disorders revealed that a large proportion of adolescents who attempted suicide had a history of a psychiatric disorder. The results also indicate that being female and being from a home with no male head of household are risk factors for a suicide attempt.

Adolescent suicide rates have been on the rise for the past twenty-five years. Suicide is now the second leading cause of death among adolescents in the United States (Maris, 1985). Yet, little is known about the prevalence or characteristics of suicide attempts among adolescents.

In this report, we present data on the prevalence of suicide attempts among teenagers, and on the adolescent's intentions and the lethality of these attempts; on systematic gender effects, and finally on the comorbidity of suicide attempts with other psychiatric disorders. The data for this report comes from a large epidemiologic study of the prevalence of mental disorders in older adolescents using a general community sample and rigorous diagnostic criteria (The Oregon Adolescent Depression Project).

Method

Data reported are from 1710 adolescents attending nine high schools in five communities of Western Oregon. A randomly selected sample was contacted and asked to participate in the study. Approximately 61% of those contacted have participated. A diagnostic interview was conducted with each adolescent using a slightly modified version of the Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS-E and K-SADS-P). This interview provides information on the presence of specific symptoms for a reliable diagnosis of psychiatric disorders using DSM-III-R criteria. Kappa ranges from .58 to .86 for specific disorders.

Information obtained in the interview was used to identify attempters. Adolescents were considered attempters if they responded positively to the question, "Have you ever tried to kill yourself or done anything that could have killed you". If the adolescent indicated that they had attempted

suicide, the interviewers obtained a description of the attempt and rated the adolescent's suicidal intent and the lethality of the attempt. Intentions were rated on a six-point scale ranging from "Obviously no intent, purely manipulative" to "Careful planning and every expectation of death". An example of an attempt given a low intent rating was having an argument with Mom and taking 14 aspirins, which per the subject was a "manipulative gesture". An example of an attempt given a high intent rating (6) was taking approximately 150 barbiturates with a clear intention to commit suicide. Fortunately, the adolescent recovered after hospitalization.

Lethality was rated using the Lethality of Suicide Attempts Rating Scale (Smith, Conroy, & Ehler, 1984). This is an eight-point scale going from zero, "Death is an impossible result", to ten, "Death is almost a certainty". Examples of attempts given lethality ratings of 9 and 10 were hanging oneself from a tree (the tree limb broke) and jumping in front of a truck (the truck swerved and stopped). Examples of attempts with low lethality ratings were taking 10 aspirins or cutting ones wrists slightly.

Results and Discussion

Of the 1710 adolescents, 117 (6.8%) had attempted suicide sometime in their lifetime. A significantly greater proportion of the girls (9.8%) as compared to the boys (3.5%) attempted suicide (Chi Square (1, $N = 1710$) = 27.14, $p < .001$). These gender effects are a well known finding in the adult suicide literature and have also been found with adolescents (e.g. Cairns, Peterson & Neckerman, 1988; Kosky, 1982).

A greater proportion of adolescents from single parent families (10.1%) as compared to two-parent families (6.0%) attempted suicide (Chi Square (1, $N = 1710$) = 7.59, $p < .05$). Further investigation of this finding revealed that

absence of the father is the critical variable. A significantly greater proportion of adolescents with no male head of household (10.9%) than adolescents with a male head of household (6.0%) attempted suicide (Chi Square (1, N = 1710) = 9.6; $p < .01$). The relationship between absence of female head of household and suicide attempts was not significant.

Approximately 14% (females: 13.2%; males: 16.7%) of the attempts were given a rating of 5.0 (50% chance of death from the act) or above on the lethality scale. Whereas our data indicated that more females attempted suicide, in Oregon between 1983 and 1985, seven times more males than females completed suicide (Gebey & Carney, 1986). We, therefore, hypothesized that male attempts, although less numerous, would be more lethal. Contrary to expectations, none of the main effects for age and gender, nor the interaction, attained statistical significance.

Approximately 43% of the attempts were given a rating of 3 (definite intent) or above on suicide intent. There were no gender or age main effects and no interaction.

Table 1 presents the comorbidity or co-occurrence of lifetime suicide attempts with a diagnosis of a DSM-III-R psychiatric disorders in one's lifetime. Comorbidity was examined separately for each gender and for each age. We did not find age effects, but found differences across genders. The data is therefore presented separately for males and females.

For both males and females, there was a significantly higher rate of attempts among adolescents with a diagnosis of major depression, substance use disorder, or disruptive behavior disorder than among adolescents without the diagnosis (% Attempted). Additionally, significantly more adolescents who attempted suicide were diagnosed at some time with one of the above disorders

than adolescents who had not attempted suicide (% Have Disorder). For females, there was significant comorbidity between attempts and dysthymia; but this relationship was not significant for males.

The majority of adolescents (males: 60.7%; females: 56.2%) who attempted suicide were diagnosed as having an episode of major depression in their lifetime. Most suicide attempts occurred during the episode (85%) rather than before (12%) or after (3%) the episode.

The results presented in this paper indicate that attempted suicide is a significant mental health problem among older adolescents. Consistent with previous studies, we found that suicidal attempts occur in the context of serious psychopathology. Risk factors for a suicide attempts are being female and being from a home which does not have a male head of household. Future investigations will include an examination of additional demographic and psychosocial characteristics which discriminate those individuals who attempt suicide from those who do not. The interaction between age and gender in attempted suicides is also of interest and will be further explored.

Comorbidity of Suicide Attempts with a Lifetime Diagnosis of DSM-III-R Psychaitric Disorders

	Males						Females					
	% Attempted		% Diagnosed				% Attempted		% Diagnosed			
	with disorder	without disorder	attempted	never attempted	POR*	X^2	with disorder	without disorder	attempted	never attempted	POR*	X^2
Affective	16.7	1.6	60.7	10.9	12.60	60.13***	22.4	5.2	61.8	23.3	5.32	60.15***
Major Depression	18.7	1.5	60.7	9.5	14.70	70.75***	22.3	5.7	56.2	21.3	4.72	52.22***
Dysthymia	11.1	3.3	7.1	2.1	3.66	3.20	21.6	9.3	9.0	3.6	2.68	6.03*
Substance Use Disorders	16.4	2.3	39.3	7.2	8.34	36.51***	24.0	8.6	20.2	7.0	3.37	18.46***
Alcohol Abuse Dependance	17.6	2.8	21.4	3.6	7.31	21.26***	29.5	8.8	14.6	3.8	4.33	20.22***
Drug Abuse Dependance	17.0	2.5	32.1	5.7	7.90	30.87***	22.2	9.1	13.5	5.2	2.87	9.91***
Disruptive Behavior Disorders	12.3	2.5	35.7	9.1	5.53	21.14***	20.5	9.3	10.1	4.3	2.51	5.87*
Anxiety Disorders	0.0	3.5	0.0	.1	-	.04	20.0	9.7	3.4	1.5	2.33	1.77
Eating Disorders	0.0	3.5	0.0	.3	-	.07	27.3	9.6	3.4	1.0	3.52	3.81
Any Disorder	9.1	1.6	64.3	23.0	6.02	24.94***	16.9	7.3	46.1	24.7	2.61	18.75***

*Prevalence Odds Ratio

* $p < .05$, ** $p < .01$, *** $p < .001$

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